

Name in Full

Certificate of Death

Town *Jannet Ashley* County *Kent* MARYLAND  
 Died at *Kennersville* Month *April* Day *29* Y. *—* M. *—* D. *—* Native of *Ind.* Occupation *—*

Date 19 *02* Age *—*  
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~husband~~  
 or

~~Wife~~

Father's Name *Shirley Ashley* Mother's Maiden Name *Rachel Cain*

Cause of Death { Primary Immediate *Shirley Cain* How long sick *—*  
~~Accident, Suicide, Homicide~~

Reported by *J. H. Watson*  
 Address *Kennersville, Kentucky, Ind.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



John Bordley

Town

County

Died at Chestertown

Kent

MARYLAND

Date 1932 Month 4 Day 7 Age 77 Y. 4 M. 13 D. 13 Native of Kent Co Md Occupation Retiree Merchant  
 Male White Married Widow ~~Divorced~~  
~~Female~~ Colored Single Widower Number of children living 5

Husband of M. Louie Imboden. 2<sup>nd</sup> Louis (ne) (Kathel -) Smith.

Father's Name Thos Bordley Mother's Name Mary Carmady

Cause of Death { Primary Arteriosclerosis of Mitral Valve } How long sick 5 years  
 { Immediate - Heart Failure } ~~Accident - Smoke, etc.~~

Reported by

Address

79 M. Frank Harris MD  
Chestertown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 19

Male

Female

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Elizabeth Carter

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

Single

Widower

Number of children living

of

Name

Maiden Name

Mother's

Primary

Immediate

How long sick

Accident, Suicide, Homicide

Address

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Warren H Chambers

Town

County

Died at Coleman

Kent

MARYLAND

Date 1901	Month Apr	Day 20	Y. 2	M. -1-	D. 9	Native of ind	Occupation _____
Male	<del>White</del>	<del>Married</del>	<del>Widow</del>	<del>Divorced</del>			
<del>Female</del>	Colored	Single	<del>Widower</del>	Number of children living _____			

Husband of \_\_\_\_\_

Wife \_\_\_\_\_

Father's Name	Henry Chambers	Mother's Maiden Name	Annie White
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Cause of	Primary	Gastritis	How long sick	3 months
Death	Immediate	104	Accident, Suicide, Homicide	

Reported by

Jos W. Urie

Address

Still Pond road

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70006





Died at *Genevieve Comegys*  
 Town *Mar Millington* County *Kent* MARYLAND

Date *1902 April 14* Month *April* Day *14* Y. *8* M. *months* D. *md*  
 Age *8 months* Native of *md*  
~~Male~~ *White* ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female *Colored* *Single* *Widower* Number of children living *None*

Husband of *George Comegys*  
 Wife of *Mary Comegys*

Father's Name *George Comegys* Mother's Name *Mary Comegys*

Cause of Death *Whooping-Cough* Primary *8* Immediate *Two weeks*  
 How long sick *Two weeks*

Death *Whooping-Cough* Accident ~~Swindle~~ ~~Homicide~~

Reported by *J. C. Hackett* *Millington*

Address *md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name in Full *Julian W. Conneys*  
 Died at *New Middletown* Town *Kent* County *MARYLAND*  
 Date *1902 April 18* Month *April* Day *18* Y. *2* M. *0* D. *md* Native of *md* ~~Occupation~~  
 Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ of *Geo. Conneys*  
 Wife of *Mary Conneys*  
 Father's Name *Geo. Conneys* Mother's Name *Mary Conneys*  
 Cause of Death { Primary *Whooping Cough* Immediate *Whooping Cough* } How long sick *18 days*  
 Accident ~~Self~~ ~~Suicide~~ ~~Homicide~~

Reported by *J. C. H. H. H. H.*  
 Address *Middletown Kent Co md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70706



*Sarah Leonard*

Town

County

Died at

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

1902

April

18

Age

75

Md.

Housewife.

~~Male~~~~White~~~~Married~~

Widow

~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

1

Wife of

*Henry Leonard*

Father's

Name

Mother's

Name

Maiden Name

154

Cause of

Primary

How long sick

*None*

Death

Immediate

*Died suddenly.*~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

*Physician in attendance.*  
*John N. Dodd*  
*Undertaker*  
*Chestertown Md.*



Name of Child

*Wilmington*

Certificate of Birth

*Birth*

Town

County

*Geo Curley*

*Kent*

MARYLAND

Month

Day

White

Male

~~Single~~

Number of Child: 1st 2nd 3rd

Date 1902

*4*

*24*

~~Color~~

~~Female~~

~~Still Born~~

4th 5th 6th 7th 8th 9th

Father's

Age

Name in Full

*Geo Curley*

*2-6*

Occupation

*Farmer*

Birthplace

*Kent*

*as*

Mother's

Age

Maiden Name

*Eugene Curley*

*2-1*

Occupation

*Housewife*

Birthplace

*Kent*

*as*

Reported by

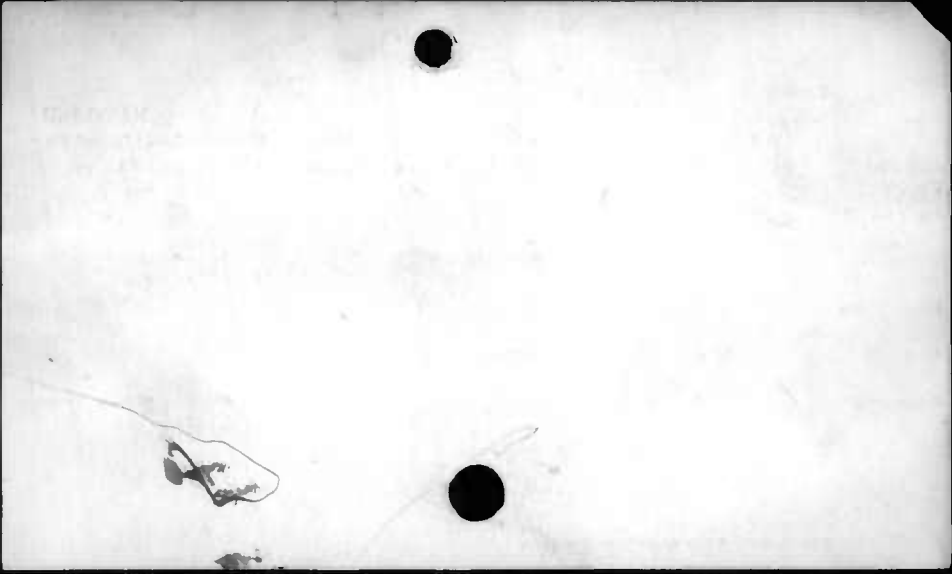
*Dr. Conroy*

Physician, Midwife, Parent

Address

*Wilmington -  
Tn*

If child is not named, send name as early as possible.





TO BE ANSWERED BY  
NEAREST FRIEND

*Geo*  
Died at *Millington* County *Kent* MARYLAND

Date of death *1902* Month *4* Day *24* Age *Years* Months

Sex *Male* Color or Race *White* Birthplace

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name *Jno. Culley* Father's Birthplace *Kent Co.*

Mother's Maiden Name *Lizzie Culley* Mother's Birthplace *Kent Co.*

Name of person giving information How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Whooping Cough* How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Dr. Comegys*

Address *Millington Md.*

Accident or Suicide *Copied from Birth Cert.*

LIBRARY BUREAU AG-110

Culley, Geo.

1902 - April 24

Kent

W 25

Culley, Geo.

1902 - April 24

Kent

W 25

*Ruth A Fittis*  
 Town County

Died at *Kennedyville* *Kent* MARYLAND  
 Month Day Y. M. D. Native of Occupation

Date 19*02* *Apr* *14* Age *63* - - *Ind*  
 Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒  
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *two*

Husband of *Geo Fittis* *45*  
 Wife  
 Father's Name *Nathaniel Blow* Mother's Maiden Name *Hester Harolgrove*

Cause of Death { Primary *Cancer* How long sick *3 years.*  
 Immediate *Exhaustion* Accident, Suicide, Homicide

Reported by *Jas. W. Urie*  
 Address *Stitt Pond*  
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. *Mel*



Name In Full

Certificate of Death

Georgeanna Griffin

Died at

Town  
Chester town

County

Kent

MARYLAND

Date 1902

Month

Day

Apr 18

Age

Y.

M.

D.

6 26

Native of

Kent Co

Occupation

Laundress

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~Husband  
of

Wife

Father's  
Name

John Griffin

Mother's  
Maiden Name

Martha J Thompson

Cause of

Primary

Typhoid fever

How long sick

22 days

Death

Immediate

Asthma

~~Accident, Suicide, Homicide~~

Reported by

N. G. Simpson

M. H.

Address

Chester town

Kent Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76896



Arthur Holland

Town

County

Died at

Charleston

Kent.

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

April 16

Age 20

Maryland

None

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband  
of

Wife

Father's  
Name

George Holland

Mother's

Maiden Name

Jane Murray

Cause of

Primary

Consumption

How long sick

2 1/2 mo

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

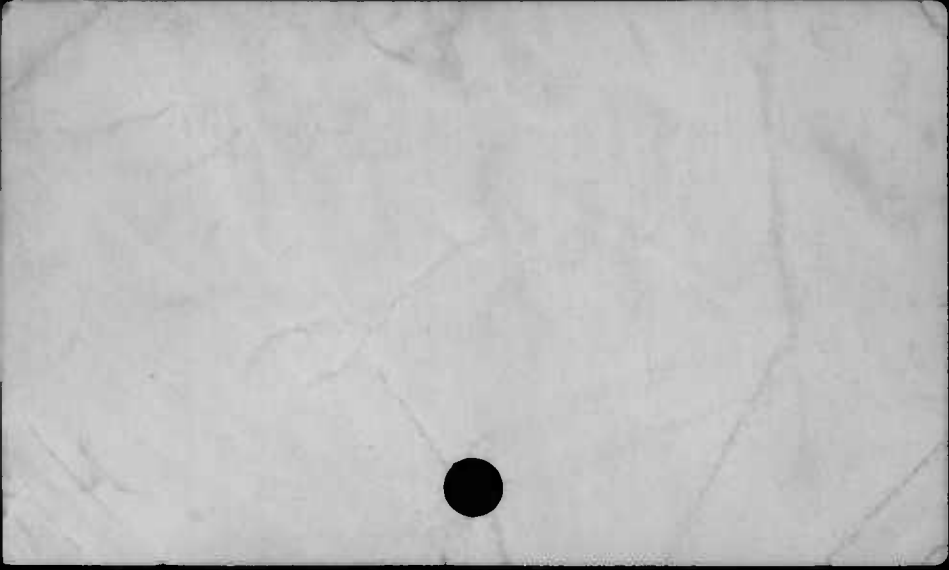
Reported by

to or other

Address

Charleston Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Certificate of Death

Myrtle Hopkins

Died at <sup>Town</sup> Cedarville <sup>County</sup> Kent <sup>State</sup> Md. MARYLAND

Date 19 02 <sup>Month</sup> April <sup>Day</sup> 27 | Age 47 <sup>Y.</sup> 27 <sup>M.</sup> 27 <sup>D.</sup> 27 | Native of            | Occupation           

<sup>Male</sup>            <sup>White</sup>            <sup>Married</sup>            <sup>Widow</sup>            <sup>Divorced</sup>           

<sup>Female</sup>            <sup>Colored</sup>            <sup>Single</sup>            <sup>Widower</sup>            <sup>Number of children living</sup>           

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

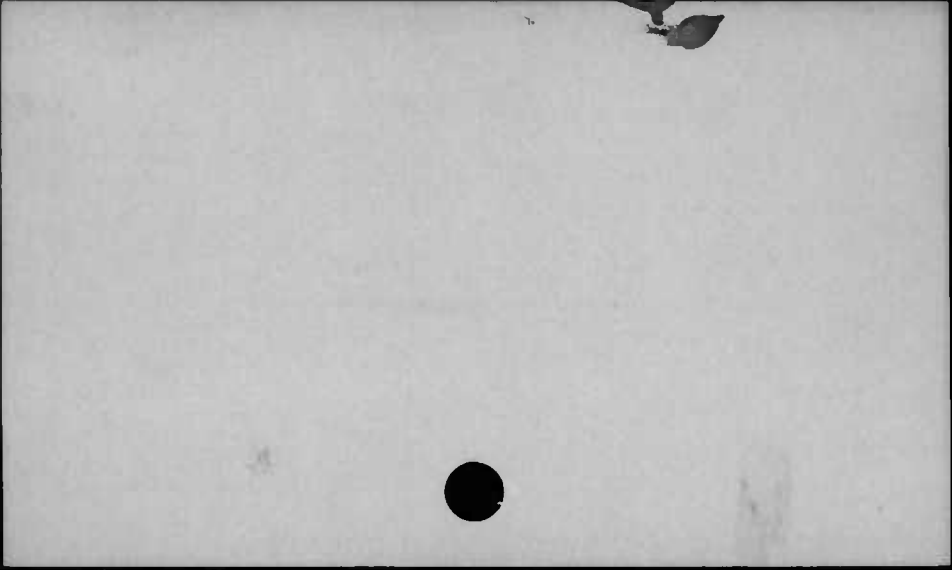
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Albert Houston

Town

County

MARYLAND

Died at Coleman

Kent

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Apr 22

Age

- 10 hrs

Ind

Male

White

Married

~~Widow~~

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

George Houston

Mother's

Maiden Name

Rachel Houston

Cause of

Primary

Premature.

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Wm. S. Maxwell.

Address

Still Pond.

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Fountain

Rachel S. Houston

Town

County

MARYLAND

Died at Coleman

Kent

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Apr

22

Age 43-9-

Md

housewife

~~Male~~~~White~~

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

five

~~Husband~~ of

Wife George Houston

Father's

Mother's

Name Daniel Butler

Maiden Name Annie Johnston

Cause of Primary

Bright's disease.

How long sick

Death Immediate

Accident, Suicide, Homicide

Reported by

Wm S. Maxwell.

Address

Still Pond.

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Fountain

Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79803





### Certificate of Death

Mary Jones

Died at *near Galena* Town *Galena* County *Kend* MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	4	28	X	X	14	Kent Co	—
<del>Male</del>	<del>White</del>	<del>Married</del>			Widow	Divorced	
Female	Colored	Single			Widower	Number of children living	3

Husband of Lake Jones  
Wife

Father's Name Lake, Louis

Mother's  
Maiden Name *Berta Dudley*  
How long sick

Cause of	Primary
1. Infection	
2. Trauma	
3. Neoplasm	
4. Systemic disease	
5. Endocrine	
6. Nutritional	
7. Genetic	
8. Immune	
9. Vascular	
10. Metabolic	
11. Congenital	
12. Iatrogenic	
13. Unknown	

Death ( Immediate *Summer Complaint*

## Accident, Suicide, Homicide

Reported by Sarah Bradley

Address Salina

Kent les ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full *Julia Mabel*  
 Died at *Melittota* Town *Kent* County  
 Date 19*02* Month *Apr.* Day *19* Age *23-* Y. M. D. Native of *Kent Co.* Occupation *Housewife*  
 Male ~~White~~ Married ~~Widow~~ Divorced  
 Female Colored Single Widower Number of children living *3*

Husband of *Dan Mabel*  
 Wife  
 Father's Name *Isaac Johnson* Mother's Maiden Name *Lizzie Barroll*

Cause of Death { Primary *Tuberculosis* Immediate  
 How long sick *all winter*  
 Accident, Suicide, Homicide

Reported by *H. Benze Simmons*  
 Address *Chester town, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary A. Maslin.

Died at <sup>Town</sup> Chester <sup>County</sup> Kent MARYLAND

Date 1902-April, Wed. Month Day Y. M. D. Native of Occupation  
 1902-April, Wed. Age 75 Mar Marriages  
 Female ~~White~~ Married ~~Widow~~ ~~Divorced~~ 7  
~~Colored~~ Single ~~Widower~~ Number of children living

Husband of John J. Maslin.

Father's Name James H. Eades Mother's Name 20

Cause of Death Primary Septicemia  
 Immediate Exhaustion  
 How long sick 8 weeks.  
 Accident, Suicide, Homicide

Reported by Thomas W. Wheland

Address Chester, Tenn. Memphis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. \_\_\_\_\_

of \_\_\_\_\_

Seen by Coroner \_\_\_\_\_

of \_\_\_\_\_

Information contained in this certificate received from \_\_\_\_\_

of \_\_\_\_\_

Name in Full

Certificate of Death

George William Moon

Town

County

Died at

George Town

Kent

MARYLAND

Date ~~189~~ 1902 Month April Day 8 Age 63 Y. M. D. Native of Md Occupation Laborer  
 Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced ~~Number of children living~~ 6

Husband

of v

Margaret

Right

Father's

Name

Mosses Moon

Mother's

Name

Jane Tilman

Cause of

Primary

Asthma

How long sick

about 2 years

Death

Immediate

Accident, Suicide, Homicide

Reported by

L B Wellen

Address

Rock Hall

Kent Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Attended by Dr. \_\_\_\_\_  
of \_\_\_\_\_

Information contained in this certificate re-  
ceived from \_\_\_\_\_  
of \_\_\_\_\_



Name in Full

Certificate of Death

Patrick J. Pires

Died at

Town

Galena

County

Kent

MARYLAND

Date

1902

Month

4

Day

4

Age

Y.

M.

D.

54

Native of

Pa.

Occupation

Shoe maker

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 1

Husband

of

Mary E. Pires

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

20 minutes

Death

Immediate

Angina Pectoris

Accident, Suicide, Homicide

Reported by

J. Wm. Galimur M.D.

Address

Galena

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

St. Dennis Cemetery.

### Certificate of Death

Died at Two Rivers <sup>Town</sup> Hurt <sup>County</sup> MARYLAND

Date		Month	Day	Y.	M.	D.	Native of		Occupation
1902.		April	30	32.			Ind.	B. Smith.	
Male	White	Married		Widow			Divorced		
<del>Female</del>	<del>Colored</del>	<del>Single</del>		<del>Widower</del>			Number of children living	2	

Husband of *Elva Robinson.*

Father's Name George Porter Mother's Maiden Name Mary J. Snitcher

Cause of	Primary	Bright	How long sick	8 days
Death	Immediate	Recurring		

Reported by J. Norton Kelley

Address *1111 1/2 Avenue, New York, N.Y.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary Selena Procter  
 Died at <sup>Town</sup> Rock Hall <sup>County</sup> Kent MARYLAND

Date 1902 <sup>Month</sup> April <sup>Day</sup> 9 <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> Age 46 <sup>Native of</sup> Ma <sup>Occupation</sup> Housewife  
~~Male~~ <sup>White</sup> ~~Female~~ <sup>Colored</sup> ~~Married~~ <sup>Single</sup> ~~Widow~~ <sup>Widower</sup> ~~Divorced~~ <sup>Number of children living</sup> 1

Husband of Edward Procter  
 Wife of Henry Davis  
 Father's Name Henry Davis Mother's Name Mary Wood

Cause of <sup>Primary</sup> Phthisis Pulmonalis How long sick 3 years  
 Death <sup>Immediate</sup> Asthenia Accident, Suicide, Homicide

Reported by J. N. Williams  
 Address Rock Hall Kent Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. \_\_\_\_\_  
of \_\_\_\_\_

Seen by Coroner \_\_\_\_\_  
of \_\_\_\_\_

Information contained in this certificate re-  
ceived from \_\_\_\_\_  
of \_\_\_\_\_

Name in Full

Certificate of Death

Died at *Henry Scott* Town *Juneau Creek* County *Kent* MARYLAND  
 Date 19*02*. Month *April* Day *17* Y. *75* M. *17* D. *17* Native of *Kent* Occupation  
 Male *White* Married *Widow* Divorced *Widow*  
*Female* Colored *Single* *Widow* Number of children living *6*

Husband of *Anna Scott*  
 Father's Name *Merrell Scott* Mother's Maiden Name *Gamier Brown*  
 Cause of Death { Primary *General Debility* How long sick  
 Immediate *Asthma* *154* Accident, Suicide, Homicide

Reported by *J. Horton Keeney, M.D.*  
 Address *Hammond, Kent Co, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

~~Franklin~~

not given



William Shahanet

Town

County

Died at

MARYLAND

Date 1902 ~~March~~ <sup>April</sup> 11 Age 71 Occupation ~~md~~ Carpenter

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced ~~Number of children living~~ 2

Husband  
of  
Wife

Father's  
Name

Mother's  
Name

Cause of

Primary

Death

Immediate

How long sick

10 days

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

*James S. Taylor*  
Town *Skners Neck* County *Kent* MARYLAND  
Died at

Month *April* Day *13* Y. *72* M.  D.  Native of *Me* Occupation *Farmer*  
Date 19*02*  
Male ☒ Female ☐ White ☒ Colored ☐ Married ☐ Single ☐ Widow ☒ Widower ☐ Divorced ☐ Number of children living *5*

Husband of *Anna E. Taylor*  
Wife  
Father's Name *James Taylor* Mother's Maiden Name *Martha Stine*

Cause of Death { Primary *Consumption* Immediate *Exhaustion* How long sick *One Year* Accident, Suicide, Homicide ☐

Reported by *W. C. Sully M.D.*  
Address *Rock Hall Kent Co.*



Name in Full

Mary Catharine Thompson

Town

County

MARYLAND

Died at

Georgetown

Month

Day

Y.

M.

D.

Native of

Occupation

Kent

Date 1902

April 30

Age

8

Maryland

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Wm H Thompson

Elizabeth Jones

Cause of

Primary

Pneumonia

How long sick

5 months

Death

Immediate

M

Accident, Suicide, Homicide

Reported by

Wm H Wright (Neighbor)

Address

Georgetown Kent Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Eunice Trich

Town

County

MARYLAND

Died at *Alum House.*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

*April 23*

Age

*86.**md.*~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

*2*

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

*Old Age.*

Death

Immediate

*Exhaustion*

How long sick

*2 weeks*~~Accident, Suicide, Homicide~~

Reported by

*E W Whaland MD*

Address

*Chester Town, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





*Lavenia Palmentary Watts*

Town

County

MARYLAND

Died at *near Still Pond**Kent*

Month Day

Y. M. D.

Native of

Occupation

Date 1902

*April 28*Age *61 - -**Md**Housewife*

Male

White

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living *one*

Husband of

Wife *William Watts*

Father's

Mother's

Name *Robert Palmentary*

Maiden Name

*Adeline Palmentary*

Cause of

Primary

*Chronic Bright's Disease.*

How long sick

*one week.*

Death

Immediate

*Uræmia.*~~Accident, Suicide, Homicide~~

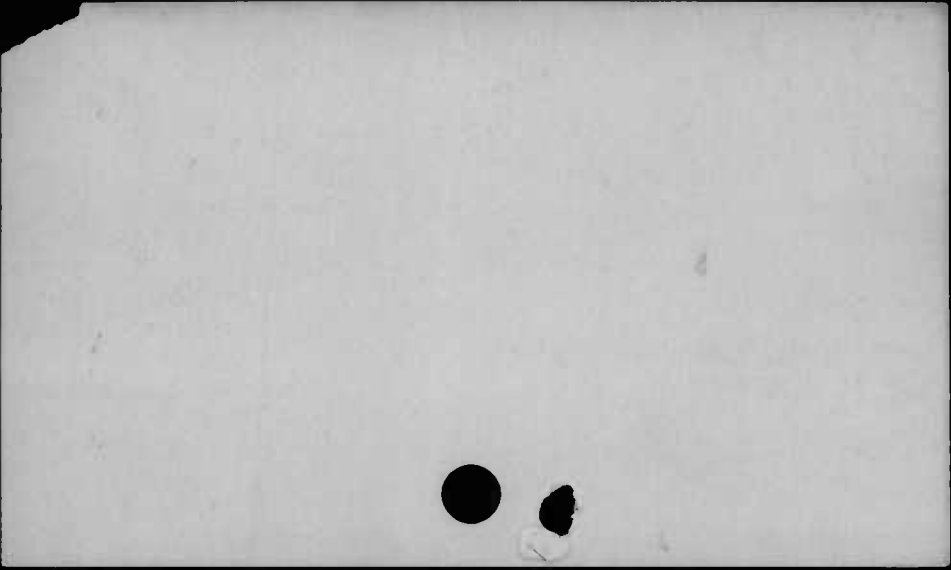
Reported by

*Wm. S. Maxwell. 1050*

Address

*Still Pond Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

William Wright

Town

County

MARYLAND

Died at

Fountain

Kent

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Apr. 17

Age 49 7 16

Kent Co

Laborer.

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

William Wright

Mother's

Maiden Name

Charlotte Wright

Cause of

Primary

Bright's Disease &amp; Pneumonia

How long sick

4 days.

Death

Immediate

apoplexy.

~~Accident, Suicide, Homicide~~

Reported by

S. Owen Barwick, M.D.

Address

Kennedysville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 72828

For  
Fountain



Emma May Younger

Town

County

MARYLAND

Died at

Flattand Kent

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Apr 24

Age

97

Ma

None

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

J. M. Younger

Mother's

Maiden Name

Sydney Reed

Cause of

Primary

How long sick

two weeks

Death

Immediate

Congestion of Brain

Accident, Suicide, Homicide

Reported by

John H. Hecsey MD

Address

Waverly, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

